

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM P-875)

SERIAL NO. 10/535581 FILING DATE 10/10/01
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
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TOTAL IND.			2	2		
TOTAL DEP.			25	25		
TOTAL CLASDS			2	2		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.	
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100						
TOTAL IND.			2	2		
TOTAL DEP.			25	25		
TOTAL CLASDS			2	2		

BEST AVAILABLE COPY